

FILED DEC 12 '950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38014

BIRTH NO. _____		REG. DIST. NO. 279		PRIMARY REG. DIST. NO. 5956		Registrar's No. 18	
1. PLACE OF DEATH a. COUNTY <u>Pike</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clarksville Mo Rural</u>				c. LENGTH OF STAY (In this place) _____			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				c. CITY (If outside corporate limits, write RURAL and give township) <u>Louisiana Mo</u>			
				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Lewis</u>		b. (Middle) <u>John</u>		c. (Last) <u>Fritch</u>	
4. DATE OF DEATH		(Month) <u>12</u>		(Day) <u>1</u>		(Year) <u>1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>3-30-1905</u>	
9. AGE (In years last birthday) <u>45</u>		10. IF UNDER 1 YEAR Months <u>8</u> Days _____		11. IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>		11. BIRTHPLACE (State or foreign country) <u>Vandalia Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>American</u>							
13a. FATHER'S NAME <u>Lewis N Fritch</u>		13b. MOTHER'S MAIDEN NAME <u>Stella Williams</u>		14. NAME OF DECEASED'S OR WIFE <u>Virginia Fritch</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>399-05-3660</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Virginia Fritch - Wife Louisiana</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Basal skull fracture</u>				INTERVAL BETWEEN ONSET AND DEATH <u>68234</u>	
		ANTECEDENT CAUSES MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				<u>32</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>automobile accident</u>					
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway W</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Clarksville</u> (COUNTY) <u>Pike</u> (STATE) <u>Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 1 1950 6P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>automobile accident</u>		<u>082</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased _____ on Re. <u>2</u> , 19 <u>50</u> , and that death occurred at <u>6P</u> m., from the causes and on the date stated above. <u>RDR</u>							
23. SIGNATURE <u>J. B. Mudd</u>		(Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Building Union Mo</u>		23c. DATE SIGNED <u>Dec-2-50</u>	
24a. MANNER OF DEATH <u>Burial</u>		24b. DATE <u>3/2-3-1950</u>		24c. NAME OF CEMETERY OR CREMATORIUM <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Vandalia Mo.</u>	
25a. DEATH REC'D BY LOCAL REG. <u>12-2-1950</u>		25b. REGISTRAR'S SIGNATURE <u>Richard 256</u>		25c. FUNERAL DIRECTOR'S SIGNATURE <u>Osage, Brainerd</u>		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

CLARKSVILLE, MO.

VOTE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 8 1951

DEC 30 1950

Date Received: DEC 9 1950
DISTRICT HEALTH OFFICE #2
District File Number 12-50-26
Date Filed: DEC 11 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
Student Embalmer No. _____
working under my personal supervision.

Signed _____ Isaac Brown
Student Embalmer
Licensed Embalmer No. 21648
P. O. Address Clarksville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.